

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/50627

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	2					
4	2					
5	2					
6	1		1			
7						
8	2					
9						
10	2					
11	2					
12	2					
13	1		1			
14	1					
15	2					
16	2					
17	2					
18	2					
19	2					
20	2					
21	2					
22	2					
23	2					
24	1	2				
25	1					
26	2					
27	2					
28	2					
29	2					
30	2					
31	2					
32	2					
33	2					
34	2					
35	2					
36	2					
37	2					
38	2					
39	2					
40	2					
41	2					
42	2					
43	2					
44	2					
45	2					
46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.			3			
TOTAL DEP.			20			
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			2			
52			2			
53			2			
54			2			
55			2			
56			2			
57			2			
58			1			
59						
60						
61						
62						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			4			
TOTAL DEP.						
TOTAL CLAIMS						